TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)
(BY CATEGORY OF SERVICE)

RECIPIENTS

SERVED

1,813

6,444

2.134

170,171

19,393

32,758

5,234

146.514

4,571

36,565

28.392

59,708

30.686

15,590

10,799

712

1.093

6,530

1,976

542

10.225

0

Π

0

- 0

0

340,079

603

2

n

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- 1

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

NUMBER OF

4

8,542

5.988

2,272

30,184

41.254

14,308

396,970

33,718

117,142

73,790

84,230

38.917

44,448

16,849

2.765

7.084

16,738

5.566

53,659

2,144

ο.

Π

0

- 0

0

0

909,401

0

n

1,017,309

CLAIMS

IINITS OF

SERVICE

940-

8.436

3,882

0

Π

n

Π

917.598

30.231

41,100

14,306

396.749

4,465,089

160.072

- 0

Π

0

- 0

85,323

41.259

54,671

21,468

173,821

160.071

2,032,120

63,922

78.170

19,267

33.718

909.010

541.790

PAGE

RUN DATE 09/27/08

TOTAL.

PAYMENT \$81,334,273.92

\$48,926,379.11 \$0.00 \$0.00

\$6,437,481.76

\$111.241.102.18

\$63,012,686.68

\$46,125,820.75 \$9,852,782.11

\$10,546,188.38

\$7,646,485,31

\$3.052.236.88

\$55,225,266.30

\$2,683,407.57

\$3.525.112.82

\$2,150,166.48

\$1,675,278.02

\$11,615,313.92

\$11,646,500.54

\$2,207,802,13

\$1,265,440,21

\$634,631.82

\$982,000.55

\$744,570.10

\$5,065,441,22

\$1,233,587,84

\$1,334,599.08

\$74,734,103.81

\$4,643,633,53

\$11,871.00

\$793.396.00

\$29,291,215.07

\$171,050.82-

\$952,776.22

\$92,901.49

\$39.46-

\$0.00

\$0.00

\$5.03-

\$0.00

\$n.nn

\$0.00

\$0.00

\$839,502.65 \$27,064,806.76

\$9,338.48

\$199.84 \$1,700,763.90

\$0.00

1

IAMM2200-R003 (MR-0-12)

CATEGORY OF SERVICE

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

AMBULANCE SERVICES

PRESCRIBED DRUGS DRUG CAPITATION

IOWA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

MEDICAL SUPPLIES

OTHER PRACTITIONER

FAMILY PRESERVATION

HMO SERVICES

DENTAL

OPTOMETRIST CHIROPRACTIC

PSYCHIATRIC

MR WAIVER SERVICE

PODTATRIC

PACE SERVICES

AS OF 09/30/08

17,415	20,266	115,659	
117,729	254,930	2,285,725	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
1,524	2,606	40,363	
13,872	39,150	1,128,882	
2,167	6,183	184,152	
32	94	2,830	
20,496	49,347	924,113	
22	21	25	
204,470	717,057	994,871	
40,254	80,834	78,389	
1	0	0	
37,804	62,223	90,696	
2,867	12,943	212,626	
9,143	28,283	629,550	
	117,729 0 0 0 0 1,524 13,872 2,167 32 20,496 22 204,470 40,254 137,804 2,867	117,729 254,930 0 0 0 0 0 0 0 0 0 1,524 2,606 13,872 39,150 2,167 6,183 32 94 20,496 49,347 22 21 204,470 717,057 40,254 80,834 1 0 37,804 62,223 2,867 12,943	117,729 254,930 2,285,725 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1,524 2,606 40,363 13,872 39,150 1,128,882 2,167 6,183 184,152 32 94 2,830 20,496 49,347 924,113 22 21 25 204,470 717,057 994,871 40,254 80,834 78,389 1 0 90,696 2,867 12,943 212,626

IAN	M22	00-R003	(MR-O-12)
AS	OF	09/30/0	18

ELDERLY WAIVER SERVICES

MEP SERVICES

UNASSIGNED

ILL & HANDICAPPED WAIVER SVCS

* ALL CATEGORIES *

COUNTY OFFICE REIMBURSEMENT

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 09/27/08

1,333,016

18,646,820

330,209

n

32,752

TOTAL. PAYMENT \$126,717.72

\$17,826,221.43

\$5,377,048,17

\$8,083,829.92

\$4,654,153.00

\$666,195,939.36

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 09/30/08)

88,942

9,922

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31,968

0

7,328,305 *** END OF REPORT ***

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ATEC MATHER CERMITCES	47	250	11 005

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
AIDS WAIVER SERVICES	47	250	11.825

10,400

2,325

12,164

407,520

0

86